

## 09-21-00



Atty. Dkt. No. 46983/10



### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

A. Maxwell Eliscu

Title:

SYSTEM FOR AND METHOD OF PROVIDING FINANCIAL AND TRANSACTION MANAGEMENT SERVICES OVER A NETWORK

Appl. No.:

Unknown

Filing Date:

Unknown

Examiner:

Unknown

Art Unit:

Unknown

#### CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

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9/20/2000

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ESCAV/41 Printed Name)

(Signature)

# UTILITY PATENT APPLICATION TRANSMITTAL

Assistant Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

The application claims the benefits of U.S. Provisional Application No. 60/230,856, filed 09/07/2000. Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

### A. Maxwell Eliscu

### Enclosed are:

- [X] Specification, Claim(s), and Abstract (87 pages).
- [X] Informal drawings (47 sheets, Figures 1-38).
- [X] Declaration and Power of Attorney (3 pages).
- [X] Assignment of the invention to LSQ II, LLC.
- [X] Assignment Recordation Cover Sheet.
- [X] Check in the amount of \$40.00 for Assignment recordation.
- [X] Small Entity statement.
- [ ] Information Disclosure Statement.

[ ] Form PTO-1449 with copies of \_\_\_ listed reference(s).

The filing fee is calculated below:

	Claims as Filed		ncluded in Basic Fee	1	Extra Claims		Rate		Fee Totals
Basic Fee							\$690.00		\$690.00
Total Claims:	71	-	20	=	51	x	\$18.00	=	\$918.00
Independents:	11		3	_ =	8	×	\$78.00	=	\$624.00
If any Multiple [	Dependent C	Claim(	s) present:			+	\$260.00	=	\$0.00
							SUBTOTAL:	=	\$2232.00
[ X ]	Small	Enti	ty Fees A	Apply	/ (subtra	ct ½	of above):	=	\$1,116.00
					TOT	AL F	ILING FEE:	=	\$1,116.00

- [X] A check in the amount of \$1,116.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ X ] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted

Date

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Attorney for Applicant

Registration No. 44,787

APPLICANT OR PATENTEE:	A. Maxwell Eliscu	Docket No.:	46983/101
SERIAL OR PATENT NO.;	_		
FILED OR ISSUED:			
FOR: SYSTEM FOR AND M	ETHOD OF PROVIDING	G FINANCIAL AN	TRANSACTION
MANAGEMENT SERVICES O	VER A NETWORK		

	Statement Claiming Small entity status (37 CFR 1.9(f) and 1.27(c)) Small business concern
l here	by declare that I am:
[ ]	the owner of the small business concern identified below.
[×]	an official of the small business concern empowered to act on behalf of the concernidentified below.
NAM	e of concern: _Lsq.ii, llc
ADDF	RESS OF CONCERN: 1 South Orange Avenue, Suite 405, Orlando, Florida 32801
oonce paying	by declare that the above identified small business concern qualifies as a small business arn as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes or g reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the
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oonce paying numb person conce on e ( and () contro power the en SYSTI MANA	arn as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the er of employees of the concern, including those of its affiliates, does not exceed 500 ns. For purposes of this statement, (1) the number of employees of the business of its average over the previous fiscal year of the concern of the persons employed full-time, part-time or temporary basis during each of the pay periods of the fiscal year (2) concerns are affiliates of each other when either, directly or indirectly, one concern its or has the power to control the other, or a third party or parties controls or has the recontrol both.  By declare that rights under contract or law have been conveyed to and remain with nell business concern identified above with regard to the invention, entitled:
oonce paying numb person conce on e ( and () contro power the en SYSTI MANA	arn as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of concern feet section 41(a) and (b) of Title 35, United States Code, in that the er of employees of the concern, including those of its affiliates, does not exceed 500 ns. For purposes of this statement, (1) the number of employees of the business of its the average over the previous fiscal year of the concern of the persons employed full-time, part-time or temporary basis during each of the pay periods of the fiscal year (2) concerns are affiliates of each other when either, directly or indirectly, one concern loss or has the power to control the other, or a third party or parties controls or has the reproduced to the power to control to the other, or a third party or parties controls or has the reproduced to the invention of the invention, entitled:  EM FOR AND METHOD OF PROVIDING FINANCIAL AND TRANSACTION AGEMENT SERVICES OVER A NETWORK  The specification filed herewith

rights to the invention are held by any person, other than the inventor, who would not

qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(). NOTE: S parate verified statements are r quired from each named person concern or organization having rights to the invintion averting to their status as small entities. (37 CFR 1.27)
NAME:
ADDRESS:
[ ] Individual [ ] Small Business Concern [ ] Nonprofit Organization
NAME:
ADDRESS:
[ Individual ( ) Small Business Concern [ ] Nonprofit Organization
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))
I hereby declare that all statements made herein are of my own knowledge, are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.
NAME OF PERSON SIGNING: A. MANNOLLE ELEVO
TITLE OF PERSON OTHER THAN OWNER: